N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41179

Registration District No. JAN 18 1940

Primary Registration District No.

Registrar's No. 10362

1. PLACE OF DEATH: 181

(a) County 1008 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis Mo. 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4972 Itaska
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry Rothenberg. 351

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Hattie Cook

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 72 | Months | Days | If less than one day hr. min.

9. Birthplace U.S.A. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman 1

11. Industry or business Millinery

FATHER
12. Name Isaac Rothenberg
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. Berlinger
(b) Address 5540 Pershing Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) DEC 1 1939 (Date received local registrar) (b) J. F. Brekish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 1 day 1939
year hour 200 minute A. M.

21. I hereby certify that I attended the deceased from 1935, 19, to Dec 1, 1939; that I last saw him alive on July 21st, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis, Chr.	1
Due to Arteriosclerosis	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury —

23. Signature Dr. P. D. Stahl 1 (M. D. or other)
Address 462 N. Taylor Date signed 12/1/39

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....J. G. Sullivan.....

Licensed Embalmer No.....1122.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.